PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	R THAN
(Column 1) (Column 2)								TYPE			SMÁLL	ENTITY
TOTAL CLAIMS			20					RATE	FEE	٦ .	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	200 minus 20=		•			X\$ 9=		ОЯ	X\$18=	
Щ	DEPENDENT C		3 minus 3 =					X43=	·	OR	X86=	• / •
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
• If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR.	OTHER	
AMENDMENT A	alulo	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	- 2	j	- 7		X\$ 9≈		OR	X\$18=	/
	Independent	NTATION OF MI	Minus	PENDENT	CLAIM	•/-		X43=		OR	X86=	• /
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	/
		(Column 1)		(Colum		(Column 3)		•				
AMENDMENT B	830	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE!
	Total	. !(Minus	-2	Ø ·	= / ·		X\$ 9=	. /	OR	X\$18≖	
	Independent FIRST PRESE	INTATION OF MU	Minus LTIPLE DEF	ENDENT	CI AIM	-/		X43=		OR	X86=	
								+145=		OR	+290=	
							Ä	TOTAL DDIT. FEE		OR ,	TOTAL VDDIT. FEE	
(Column 1) (Column 2) (Column 3)												
NEN LEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	er JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		= .		X\$ 9=		OR	X\$18=	
	Independent		Minus .	***		•	H	X43=		ŀ	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۲ ⊢			OR	ACC-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ** ADDITIONAL TOTAL OR ADDITIONAL TOTAL O												
-	the "Highest Nu	mber Previously Pai mber Previously Paid ber Previously Paid	d For IN THIS	SPACE in I	ess than	3 enter 3 *		DIT. FEE	opriate box		DOIT. FEE L	
											• •	